

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90160 038 \*\*\*150.00

DOCUMENT # **V25754**

1. Corporation Name  
**DATA MAILERS, INC.**



Principal Place of Business

5460 N STATE ROAD 7  
SUITE #108  
FT. LAUDERDALE FL 33309  
US

Mailing Address

5460 N STATE ROAD 7  
SUITE #108  
FT. LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1992

4. FEI Number

65-0338712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 **5215 Eagle Cay Place**

2a. Mailing Address

26 **5215 Eagle Cay Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Coconut Creek FL**

City & State

28 **Coconut Creek FL**

Zip Country

24 **33073**

25 **Broward**

Zip Country

29 **33073**

30 **Broward**

9. Name and Address of Current Registered Agent

LYNCH, WILLIAM  
5460 N STATE ROAD 7  
SUITE #108  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5215 Eagle Cay Place**

83

84 City

**Coconut Creek**

**FL**

85 Zip Code

**33073**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P LYNCH, WILLIAM**  
STREET ADDRESS **5460 N STATE ROAD 7 SUITE #108**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ DELETE  
NAME **S CAMPBELL, NORA E**  
STREET ADDRESS **5215 EAGLE BAY PLACE**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **5215 Eagle Cay Place**  
1.4 CITY-ST-ZIP **Coconut Creek FL 33073**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Nora E. Lynch**  
2.3 STREET ADDRESS **5215 Eagle Bay Place**  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Katherine Harris** **SIGNATURE REQUIRED** **4-12-99** **954-421-5540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #